CLAIMS ONLY

Application Number	Filing Date
10/614533	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	/		/				Total Indep						
Total Depend	15		15				Total Depend						
Total Claims	16		16				Total Claims						